## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT#** 

P01000081530

1. Entity Name

FIRST FUND, CORP.



## **FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90218 015 \*\*\*150.00

Principal Place of Business 782 NW 42 AVENUE SUITE 5 MIAMI FL 33126			Mailing Address 782 NW 42 AVENUE SUITE 5 MIAMI FL 33126										
2. Principal Place of Business				3. Mailing Address						84 II 881 884 8			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State			4.	FEI Number <b>65-1130415</b>			oplied For ot Applicable		
Zip	· Country			Zip Cour		ntry <b>5.</b> Ce		Certificate of Status Desired		8.75 Add ee Required			
6. Name and Address of Current I				legistered Agent			7. Name and Address of New Registered Agent						
						Name ,							
ADMIRE, JOHN G ESQ				<del> </del>			Discrete Address (DO, Day New York in Not Approximately N						
2511 PONCE DE LEON BLVD SUITE 320				Street A			ress (P.O. Box Number is Not Acceptable)						
CORAL GABLES FL 33134-6019													
						City			FL	Zip Code	э		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
	Signature, typed	or printed name of registered agent a	ind title if app	nicable. (NOTE.	. negisteret	a Agent signature i	required when re	Biristating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								S. Election Campaign Fina Trust Fund Contribution			O May Be I to Fees		
							ΔΓ	DDITIONS/CHANGES TO OFFI	CERS AND I	DIRECTORS	3 IN 11		
10.	n .	UFFICERS AND	DIRECTO		11.			DITIONS/CITANGES TO OFF		Change	Addition		
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12. I hereby o	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information												

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the reveiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

Daytime Phone #